

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Our Docket No.: **O155.12-0004**

Date: **September 10, 2003**

First Named Inventor: **Richard B. Brooke**

Title: **CELL PHONE/BREATH ANALYZER**

Express Mail No.: **EV 302261191 US**

03970 U.S. PTO  
10/659099  
09/10/03

**APPLICATION ELEMENTS**

**ADDRESS TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

1. ☒ Fee Calculation Sheet  
(Submit an original and a duplicate for fee processing)

2. ☒ Applicant claims small entity status

3. ☒ Specification Total Pages **[15]**

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

4. ☒ Drawings (35 U.S.C. 113)

Total Sheets **[2]**

5. ☐ Oath or Declaration

Total Pages ☐

- a. ☐ Newly Executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)

**[Mark Box 5 below]**

I. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6. ☒ Application Data Sheet. See 37 CFR 1.76.

- 7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
- 8. Nucleotide and/or Amino Acid Sequence Submission (*If applicable, all necessary*)
  - a. ☐ Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies; or
    - ii. ☐ Paper
  - c. ☐ Statements verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**

- 9. ☐ Assignment Papers (cover sheet & document(s))
- 10. ☐ 37 C.F.R. 3.73(b) Submission
- ☐ Power of Attorney
- 11. ☐ English Translation Document (*if applicable*)
- 12. ☐ Information Disclosure Statement with copies of Citations as necessary
- 13. ☐ Preliminary Amendment Total Pages ☐
- 14. ☒ Return Receipt Postcard (*Should be specifically itemized*)
- 15. ☐ Certified Copy of Priority document(s) (*If foreign priority is claimed*)
- 16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
- 17. ☒ Check in the amount of \$411.00

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner ☐ Group Art Unit ☐

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

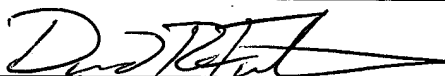
**19. CORRESPONDENCE ADDRESS**

ATTY NAME  
AND REG. NO.

**David R. Fairbairn**

26,047

SIGNATURE:



ADDRESS

**Kinney & Lange, P.A.  
THE KINNEY & LANGE BUILDING  
312 South Third Street  
Minneapolis, MN 55415-1002**

TELEPHONE

**(612) 339-1863**

FAX: **(612) 339-6580**

| FEE TRANSMITTAL   |                       | Complete if Known   |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|---|-----------------------|---|-----------------------|--|-----------------------|-------------------------------------|-----------------------|-----------------|----------|------|--|------|------|-------------------------------------|-----|--|------|------|------|--|---|------|-----|------|-----|---|-----------------------|-----------------------|-----------------------|-------------|-----------------------|--|------|------|------------------------|------|----|--|----|-----------------------------------|------|------|------|---|--------------------------|------|-----|------|-----|---|------|------|-------|------|---|---|---|------|-------|----------------------|-----|--|---|------|-----|------|-----|--|---|------|-----|------|-----|--------------------------|---|------|-----|------|----|-------------------------|---|------|-----|------|----|----------------------------------|---|------|-------|------|-----|------------------------------------|---|------|-------|------|-----|---------------------------|---|------|-----|------|-----|------------------|---|------|-----|------|-----|-------------------------------|---|------|----|------|----|---|---|------|-----|------|-----|--|---|------|----|------|----|--|---|------|-----|------|-----|---|---|---------------------------|--|--|--|--|---|--|--|--|--|---------------------|
|   |                       | Application No.   |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       | Filing Date   | Herewith              |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       | First Named Inventor  | Richard B. Brooke     |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       | Group Art Unit  |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       | Examiner Name   |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Total Amount of Payment \$411.00  |                       | Atty. Docket Number   | O155.12-0004          |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| METHOD OF PAYMENT (Check One)   |                       | FEE CALCULATION (Continued)   |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed  |                       | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td>*</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>*</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td>*</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For Filing a Request for Reexamination</td><td>*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>*</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td>*</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td>*</td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td>*</td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td>*</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td>*</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td>*</td></tr> <tr><td>1814</td><td>110</td><td>2814</td><td>55</td><td>Terminal Disclaimer Fee</td><td>*</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td>*</td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td>*</td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility/Reissue issue fee</td><td>*</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td>*</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td>*</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td>*</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td>*</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>*</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td>*</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>*</td></tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (3) \$0.00</td> </tr> </tbody> </table> |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code               | Small Entity Fee (\$) | Fee Description | Fee paid | 1051 | 130  | 2051 | 65   | Surcharge - Late filing fee or oath | *   | 1052                                       | 50   | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet | *   | 1053 | 130 | 1053 | 130 | Non-English specification                 | *                     | 1812                  | 2,520                 | 1812        | 2,520                 | For Filing a Request for Reexamination | *    | 1251 | 110                    | 2251 | 55 | Extension for reply within first month | *  | 1252                              | 410  | 2252 | 205  | Extension for reply within second month | *                        | 1253 | 930 | 2253 | 465 | Extension for reply within third month          | *    | 1254 | 1,450 | 2254 | 725   | Extension for reply within fourth month | * | 1255 | 1,970 | 2255                 | 985 | Extension for reply within fifth month | * | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | * | 1403 | 280 | 2403 | 140 | Request for oral hearing | * | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee | * | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | * | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional | * | 1501 | 1,300 | 2501 | 650 | Utility/Reissue issue fee | * | 1502 | 470 | 2502 | 235 | Design issue fee | * | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | * | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | * | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | * | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | * | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | * | Other fee (specify) _____ |  |  |  |  | * |  |  |  |  | Subtotal (3) \$0.00 |
| Large Entity Fee Code   | Large Entity Fee (\$) |   |                       | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description                     | Fee paid              |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1051  | 130                   |   |                       | 2051   | 65                    | Surcharge - Late filing fee or oath | *                     |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1052  | 50                    | 2052  | 25                    | Surcharge - late provisional filing fee or cover sheet                     | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1053  | 130                   | 1053  | 130                   | Non-English specification  | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1812  | 2,520                 | 1812  | 2,520                 | For Filing a Request for Reexamination                                     | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1251  | 110                   | 2251  | 55                    | Extension for reply within first month                                     | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1252  | 410                   | 2252  | 205                   | Extension for reply within second month                                    | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1253  | 930                   | 2253  | 465                   | Extension for reply within third month                                     | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1254  | 1,450                 | 2254  | 725                   | Extension for reply within fourth month                                    | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1255  | 1,970                 | 2255  | 985                   | Extension for reply within fifth month                                     | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1402  | 320                   | 2402  | 160                   | Filing a brief in support of an appeal                                     | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1403  | 280                   | 2403  | 140                   | Request for oral hearing   | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1814  | 110                   | 2814  | 55                    | Terminal Disclaimer Fee  | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1452  | 110                   | 2452  | 55                    | Petition to revive - unavoidable   | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1453  | 1,300                 | 2453  | 650                   | Petition to revive - unintentional   | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1501  | 1,300                 | 2501  | 650                   | Utility/Reissue issue fee  | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1502  | 470                   | 2502  | 235                   | Design issue fee   | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1460  | 130                   | 1460  | 130                   | Petitions to the Commissioner  | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1807  | 50                    | 1807  | 50                    | Petitions related to provisional applications                              | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1806  | 180                   | 1806  | 180                   | Submission of Information Disclosure Statement                             | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 8021  | 40                    | 8021  | 40                    | Recording each patent assignment per property (times number of properties) | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1801  | 750                   | 2801  | 375                   | Request for Continued Examination (RCE)                                    | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Other fee (specify) _____   |                       |   |                       |  | *                     |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       |   |                       | Subtotal (3) \$0.00  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 2. <input checked="" type="checkbox"/> Check Enclosed   |                       |   |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| FEE CALCULATION   |                       |   |                       |  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td><input checked="" type="checkbox"/> Utility Filing Fee</td></tr> <tr><td>1006</td><td>330</td><td>2006</td><td>165</td><td><input type="checkbox"/> Design Filing Fee</td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (1) \$375.00</td> </tr> </tbody> </table>   |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description                     | 1001                  | 750             | 2001     | 375  | <input checked="" type="checkbox"/> Utility Filing Fee | 1006 | 330  | 2006                                | 165 | <input type="checkbox"/> Design Filing Fee | 1004 | 750  | 2004 | 375  | <input type="checkbox"/> Reissue Filing Fee | 1005 | 160 | 2005 | 80  | <input type="checkbox"/> Prov. Filing Fee |                       |                       |                       |             | Subtotal (1) \$375.00 |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1001  | 750                   | 2001  | 375                   | <input checked="" type="checkbox"/> Utility Filing Fee                     |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1006  | 330                   | 2006  | 165                   | <input type="checkbox"/> Design Filing Fee                                 |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1004  | 750                   | 2004  | 375                   | <input type="checkbox"/> Reissue Filing Fee                                |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1005  | 160                   | 2005  | 80                    | <input type="checkbox"/> Prov. Filing Fee                                  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       |   |                       | Subtotal (1) \$375.00  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>24</td> <td>- 20</td> <td>= 4</td> <td>x 9</td> <td>= 36</td> </tr> <tr> <td>Indep.</td> <td>3</td> <td>- 3</td> <td>= 0</td> <td>x *</td> <td>= *</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td>x *</td> <td>= *</td> </tr> </tbody> </table> <p>**Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple Dependent Claim</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>Reissue Independent Claims Over Original Patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (2) \$36.00</td> </tr> </tbody> </table> |                       |   | Number Claims         | Prior**  | Extra                 | Fee from Below                      | Fee Paid              | Total           | 24       | - 20 | = 4  | x 9  | = 36 | Indep.                              | 3   | - 3  | = 0  | x *  | = *  | Multiple Dependent Claims                              |   |      |     | x *  | = * | Large Entity Fee Code                     | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Description | 1202                  | 18                                     | 2202 | 9    | Claims in excess of 20 | 1201 | 84 | 2201                                   | 42 | Independent claims in excess of 3 | 1203 | 280  | 2203 | 140                                     | Multiple Dependent Claim | 1204 | 84  | 2204 | 42  | Reissue Independent Claims Over Original Patent | 1205 | 18   | 2205  | 9    | Reissue claims in excess of 20 and over original patent |   |   |      |       | Subtotal (2) \$36.00 |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   | Number Claims         | Prior**   | Extra                 | Fee from Below   | Fee Paid              |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Total   | 24                    | - 20  | = 4                   | x 9  | = 36                  |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Indep.  | 3                     | - 3   | = 0                   | x *  | = *                   |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Multiple Dependent Claims   |                       |   |                       | x *  | = *                   |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Description  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1202  | 18                    | 2202  | 9                     | Claims in excess of 20   |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1201  | 84                    | 2201  | 42                    | Independent claims in excess of 3  |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1203  | 280                   | 2203  | 140                   | Multiple Dependent Claim   |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1204  | 84                    | 2204  | 42                    | Reissue Independent Claims Over Original Patent                            |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
| 1205  | 18                    | 2205  | 9                     | Reissue claims in excess of 20 and over original patent                    |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |
|   |                       |   |                       | Subtotal (2) \$36.00   |                       |                                     |                       |                 |          |      |  |      |      |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |                       |                       |             |                       |  |      |      |                        |      |    |  |    |                                   |      |      |      |   |                          |      |     |      |     |   |      |      |       |      |   |   |   |      |       |                      |     |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |  |  |  |  |                     |

Signature David R. Fairbairn Reg. No. 26,047

Date 9/10/03 Deposit Account No. 11-0982

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|  |                 |
|--|-----------------|
| First Named Inventor : Richard B. Brooke | Batch No:       |
| Appln. No. :                             | Allowed:        |
| Filed : Herewith                         | Group Art Unit: |
| Title : CELL PHONE/BREATH ANALYZER       | Examiner:       |
| Docket No. : O155.12-0004                |                 |

**LETTER TO OFFICIAL DRAFTSMAN**

Mail Stop Issue Fee  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SENT VIA EXPRESS MAIL**  
Express Mail No.: EV 302261191 US

Sir:

Enclosed are two (2) sheets of formal drawings for filing in the above-identified application.

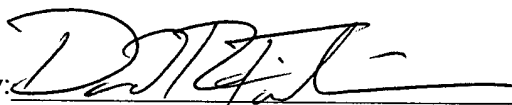
Respectfully submitted,

KINNEY & LANGE, P.A.

Date:

9/10/03

By:



David R. Fairbarin, Reg. No. 26,047  
THE KINNEY & LANGE BUILDING  
312 South Third Street  
Minneapolis, MN 55415-1002  
Telephone: (612) 339-1863  
Fax: (612) 339-6580

DRF:AK:bmg